

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on July 7, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT Codes 99070-ST, 76000-WP, and for date of service July 26, 2002.

## **II. RATIONALE**

- CPT Code 99070-ST denied as “A – This procedure/supply must be preauthorized in accordance with TWCC Rule 134.600. Also supplies assoc w/unauthorized proc/sup are disallowed”. Per Rule 134.600(h)(i) (services rendered prior to the amended rule change of 01/01/03) preauthorization is required for non-emergency hospitalizations, ambulatory surgical center care, and transfers between facilities; services were rendered in a non-surgical rehab facility. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (V)(A) & (B)(1) submitted relevant information supports DOP criteria. Reimbursement in the amount of \$633.82 is recommended.
- CPT Code 76000-WP denied as “A – This procedure/supply must be preauthorized in accordance with TWCC Rule 134.600. Also supplies assoc w/unauthorized proc/sup are disallowed”. Per Rule 134.600(h)(i) (services rendered prior to the amended rule change of 01/01/03) preauthorization is required for non-emergency hospitalizations, ambulatory surgical center care, and transfers between facilities. Per the 1996 Medical Fee Guideline CPT descriptor and TWCC Advisory 97-01 relevant documentation supports delivery of service. Reimbursement in the amount of \$110.00 is recommended (PC\$ \$22.00 + TC\$ \$88.00).
- CPT Code 99499-RR denied as “A – This procedure/supply must be preauthorized in accordance with TWCC Rule 134.600. Also supplies assoc w/unauthorized proc/sup are disallowed”. Per Rule 134.600(h)(i) (services rendered prior to the amended rule change of 01/01/03) preauthorization is required for non-emergency hospitalizations, ambulatory surgical center care, and transfers between facilities. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (V)(A) & (B)(3) requestor did not submit relevant information to support DOP criteria. Reimbursement is not recommended.

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 76000-WP in the amount of \$743.82. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$743.82** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of April 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf